



Student Information and Enrollment Form

Chimacum School District No. 49

PO Box 278, Chimacum, Washington 98325

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY

Date Registration Received:	Date Entered into Student Information System:	Student Start/Entry Date:	<input type="checkbox"/> Immunizations <input type="checkbox"/> Legal or Custody Paperwork
School Student ID:	School Resident Area:	Food Account Number:	

STUDENT NAME Legal Last Name		Legal First Name	Legal Middle Name	Previous Name (if applicable)
BIRTHDATE (Month/Day/Year)		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		GRADE LEVEL
BIRTHPLACE City State Country		STUDENT LIVES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Grandparents <input type="checkbox"/> Father only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/> Agency <input type="checkbox"/> Other _____		

PRIMARY HOUSEHOLD (parent/guardian where student resides) Last Name (LEGAL) First Name M.I.		Relation to Student: <input type="checkbox"/> Mom <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other	PRIMARY HOUSEHOLD (parent/guardian where student resides) Last Name (LEGAL) First Name M.I.		Relation to Student: <input type="checkbox"/> Mom <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other
RESIDENT ADDRESS	Street	Apt #	City	State	ZIP
MAILING ADDRESS (If different)	Street	Apt #	PO Box	City	State ZIP
PRIMARY (HOME) Phone: (Include area code)			Please check if unlisted <input type="checkbox"/> Please check if cell number <input type="checkbox"/>		
Guardian #1 Work Phone (include area code)		Active Military, Reserves or N.G.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian #2 Work Phone (include area code)		Active Military Reserves or N.G.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Guardian #1 Cell Phone (include area code)		Guardian #2 Cell Phone (include area code)			
GUARDIAN #1 EMAIL ADDRESS:			GUARDIAN #2 EMAIL ADDRESS:		

FILL OUT THIS SECTION ONLY IF STUDENT HAS A PARENT/LEGAL GUARDIAN NOT LIVING AT THE ADDRESS ABOVE

SECONDARY HOUSEHOLD (non-custodial parent not residing with student) Last Name First Name M.I.		PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell	Relationship to student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____
SECONDARY HOUSEHOLD (non-custodial parent not residing with student) Last Name First Name M.I.		PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell	Relationship to student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____
SECOND HOUSEHOLD ADDRESS (Street/PO Box, City, State, ZIP)		Active Military Reserves or N.G.? <input type="checkbox"/> Yes <input type="checkbox"/> No	SECOND HOUSEHOLD EMAIL	

IS THERE A PARENTING PLAN IN EFFECT? ☐ Yes ☐ No If yes, please provide a copy to the office.

IS THERE A COURT ORDER IN EFFECT THAT LIMITS EDUCATIONAL DECISION MAKING OR CONTACT WITH THE STUDENT OR SCHOOL (RESTRAINING ORDER, PROTECTION ORDER, NO CONTACT ORDER, ANTI-HARRASSMENT ORDER, ETC.)? ☐ Yes ☐ No
 If yes, please provide a copy to the office.

Court order limits ☐ Mother ☐ Father ☐ Other _____

Please fill out the entire back of this form. Thank you!

PLEASE LIST SIBLINGS ATTENDING CHIMACUM SCHOOL DISTRICT			
Last Name	First Name	School	Grade

DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school	CHILD CARE PROVIDER <i>Name</i> <i>Address</i> <i>Phone Number</i>
Please provide additional childcare arrangements to the school in writing.	

HAS YOUR CHILD EVER ATTENDED A PRESCHOOL(S)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preschool Name	Preschool Address

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN: Special Education Program (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No 504 plan <input type="checkbox"/> Yes <input type="checkbox"/> No Title <input type="checkbox"/> Yes <input type="checkbox"/> No LAP <input type="checkbox"/> Yes <input type="checkbox"/> No Highly Capable <input type="checkbox"/> Yes <input type="checkbox"/> No English as a Second Language (ELL/ESL) <input type="checkbox"/> Yes <input type="checkbox"/> No Other _____			HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s) _____	
LAST SCHOOL ATTENDED	SCHOOL DISTRICT	SCHOOL INFORMATION (Phone, FAX, City and State)		
HAS YOUR CHILD EVER ATTENDED A SCHOOL IN <u>WASHINGTON STATE</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, NAME OF SCHOOL(S)			DATE LAST ATTENDED (Month/Year)	
HAS YOUR CHILD EVER ATTENDED THE <u>CHIMACUM SCHOOL DISTRICT</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, NAME OF SCHOOL(S) ATTENDED			DATE LAST ATTENDED (Month/Year)	
HAS YOUR CHILD EVER BEEN SUSPENDED/EXPELLED FOR A WEAPONS VIOLATION? <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s) _____				

When an emergency situation occurs involving your child, we want to be able to quickly reach responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

EMERGENCY CONTACT INFORMATION

FIRST CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i> <i>M.I.</i>	Relationship To Child:	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECOND CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i> <i>M.I.</i>	Relationship To Child:	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
THIRD CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i> <i>M.I.</i>	Relationship To Child:	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

STUDENT RELEASE AUTHORIZATION: In the event the school is unable to contact the parents or legal guardian, I authorize my child to be released to the person(s) listed above.

Legal Parent/Guardian Signature _____ **Date** _____

EMERGENCY MEDICAL AUTHORIZATION: If the parents or legal guardian on this registration record cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or doctor most easily accessible. I understand I will assume full responsibility for the payment of any services rendered.

Legal Parent/Guardian Signature _____ **Date** _____

CHIMACUM
SCHOOL DISTRICT



Chimacum Primary School

DEEP ROOTS BROAD HORIZONS

New First Grade Student Parent Input

Parents are invited to provide specific information about their child by completing this form. Our goal is to make the best possible placement decisions based on information available for each student. If you would like to discuss additional concerns with the principal or primary counselor, please feel free to do so. In completing this form, please be as concise as possible. Please share any helpful information for our considerations of classroom and teacher for your child.

Student Name: _____ Goes by: _____

Grade: _____ Last School Attended _____

Academic: Strengths _____

Weaknesses _____

	Poor		Average		Excellent
Study habits	1	2	3	4	5
Enjoyment of school	1	2	3	4	5

Special Programs: (Please check the ones your child has attended)

Resource Room (Special Education) _____

Title I (Chapter, LAP) _____

Math _____

Reading _____

Physical Therapy _____

Gifted/Talented _____

Other: _____

Medical: _____

Social/Emotional: _____

Other: _____

Nondiscrimination Statement: Chimacum School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination:

Civil Rights and Title IX Coordinator: Stephanie McCleary

stephanie.mccleary@csd49.org

PO Box 278, Chimacum, WA 98325-0278

360.302.5894

Section 504/ADA Coordinator: Sarah Walker

sarah.walker@csd49.org

PO Box 278, Chimacum, WA 98325-0278

360.302.5823

CHIMACUM
SCHOOL DISTRICT



Chimacum Primary School

DEEP ROOTS BROAD HORIZONS

313 Ness Corner Road, Port Hadlock WA 98339 |

Telephone: (360) 302-5820 Fax: (360) 344-3271 Email: Lee_Stampfler@csd49.org

REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

To: Registrar or Secretary of: _____

Phone: _____ City, State: _____

Fax: _____ E-mail: _____

Date of Request: _____

The student listed below has requested enrollment in our school district and we are requesting school records be sent to the school shown below (Please alert us to other special information on file that would help us accommodate this student).

Student's Name

Birth Date

Grade

This transfer is provided for in The Family Education Rights and Privacy Act of 1974, as amended June 17, 1976. The regulations no longer require a signed permission form by the student's parent or guardian for release of information on his/her child or children to other educational institutions. (99.34)

Please include the following records:

Please fax or email Certificate of Immunization and birth certificate

Academic/Report Cards/Progress Reports

Standardized assessment scores and /or score reports (State Testing)

Special Education Services (Evaluations, 504 Plan, IEP, Speech, etc.) if applicable

ELL records/level, if applicable

Discipline Report

Attendance Report

Other educational records listed here: _____

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RACE AND ETHNICITY FORM

Please turn this page over to complete the Race and Ethnicity Survey. It asks you to tell us the race and ethnic heritage of your child.

Why do we need this information? New laws require us to report this information to the state and federal government. Information will be analyzed along with census information to determine funding for schools and educational programs and services for all students. Every school district in Washington is now required to report this information for **EACH** student, but the data is **NOT** reported with the names of individual students. Please be aware that like our other state reports, the data is sent in numbers only with no student names attached to those numbers.

Recently, the federal government expanded the categories for student ethnicity and race data. Because of these changes, we need to ask you to identify your child as Hispanic/Latino or not Hispanic/Latino and by one or more racial groups.

Washington state now has 222 racial categories to choose from. If one parent identifies with one race and the other parent with another, you will be able to check both races for your child.

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360.302.5823

Name of Student: _____

Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply.
Be sure to notice the bold categories prior to selecting the race(s).

Hispanic		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Argentine	<input type="checkbox"/> Honduran		
<input type="checkbox"/> Belizean	<input type="checkbox"/> Jamaican		
<input type="checkbox"/> Bolivian	<input type="checkbox"/> Mexican		
<input type="checkbox"/> Brazilian	<input type="checkbox"/> Mestizo		
<input type="checkbox"/> Chicano	<input type="checkbox"/> Native		
<input type="checkbox"/> (Mexican American)	<input type="checkbox"/> Nicaraguan		
<input type="checkbox"/> Chilean	<input type="checkbox"/> Panamanian		
<input type="checkbox"/> Colombian	<input type="checkbox"/> Paraguayan		
<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Peruvian		
<input type="checkbox"/> Cuban	<input type="checkbox"/> Puerto Rican		
<input type="checkbox"/> Dominican	<input type="checkbox"/> Salvadoran		
<input type="checkbox"/> Ecuadorian	<input type="checkbox"/> So. Georgia		
<input type="checkbox"/> El Salvadoran	<input type="checkbox"/> Sandwich Islands		
<input type="checkbox"/> Falkland Islander	<input type="checkbox"/> Spaniard		
<input type="checkbox"/> French Guianese	<input type="checkbox"/> Surinamese		
<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Uruguayan		
<input type="checkbox"/> Guyanese	<input type="checkbox"/> Venezuelan		
Hispanic (Write In)			
<input type="text"/>			

American Indian/Alaskan Native	
Washington State Tribes	
<input type="checkbox"/> Chinook Tribe	
<input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation	
<input type="checkbox"/> Confederated Tribes of the Chehalis Reservation	
<input type="checkbox"/> Confederated Tribes of the Colville Reservation	
<input type="checkbox"/> Cowlitz Indian Tribe	
<input type="checkbox"/> Duwamish Tribe	
<input type="checkbox"/> Hoh Indian Tribe	
<input type="checkbox"/> Jamestown S'Klallam Tribe	
<input type="checkbox"/> Kallspel Indian Community of the Kalispel Reservation	
<input type="checkbox"/> Kikiallus Indian Nation	
<input type="checkbox"/> Lower Elwha Tribal Community	
<input type="checkbox"/> Lummi Tribe of the Lummi Reservation	
<input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation	
<input type="checkbox"/> Marietta Band of Nooksack Tribe	
<input type="checkbox"/> Muckleshoot Indian Tribe	
<input type="checkbox"/> Nisqually Indian Tribe	
<input type="checkbox"/> Nooksack Indian Tribe of Washington	
<input type="checkbox"/> Port Gamble S'Klallam Tribe	
<input type="checkbox"/> Puyallup Tribe of Puyallup Reservation	
<input type="checkbox"/> Quileute Tribe of the Quileute Reservation	
<input type="checkbox"/> Quinault Indian Nation	
<input type="checkbox"/> Samish Indian Nation	
<input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington	
<input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation	
<input type="checkbox"/> Skokomish Indian Tribe	
<input type="checkbox"/> Snohomish Tribe	
<input type="checkbox"/> Snoqualmie Indian Tribe	
<input type="checkbox"/> Snoqualmoo Tribe	
<input type="checkbox"/> Spokane Tribe of the Spokane Reservation	
<input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation	
<input type="checkbox"/> Steilacoom Tribe	
<input type="checkbox"/> Stillaguamish Tribe of Indians of Washington	
<input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation	
<input type="checkbox"/> Swinomish Indian Tribal Community	
<input type="checkbox"/> Tulalip Tribes of Washington	
Alaskan Native (Write In)	American Indian (Write In)
<input type="text"/>	<input type="text"/>

Asian	
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Lao
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Malaysian
<input type="checkbox"/> Bhutanese	<input type="checkbox"/> Mien
<input type="checkbox"/> Burmese/Myanmar	<input type="checkbox"/> Mongolian
<input type="checkbox"/> Cambodian/Khmer	<input type="checkbox"/> Nepali
<input type="checkbox"/> Cham	<input type="checkbox"/> Okinawan
<input type="checkbox"/> Chinese	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Filipino	<input type="checkbox"/> Punjabi
<input type="checkbox"/> Hmong	<input type="checkbox"/> Singaporean
<input type="checkbox"/> Indonesian	<input type="checkbox"/> Sri Lankan
<input type="checkbox"/> Japanese	<input type="checkbox"/> Taiwanese
<input type="checkbox"/> Korean	<input type="checkbox"/> Thai
<input type="checkbox"/> Tibetan	<input type="checkbox"/> Vietnamese
Asian (Write In)	
<input type="text"/>	

Black/ African-American	
<input type="checkbox"/> African American	<input type="checkbox"/> African Canadian
Caribbean	
<input type="checkbox"/> Anguillian	<input type="checkbox"/> Dominican (Dominican Republic)
<input type="checkbox"/> Antiguan	<input type="checkbox"/> Dutch Antillean (Netherlands Antilles)
<input type="checkbox"/> Bahamian	<input type="checkbox"/> Grenadian
<input type="checkbox"/> Barbadian	<input type="checkbox"/> Guadeloupian
<input type="checkbox"/> Barthélemois/Barthélemoises (Saint)	<input type="checkbox"/> Haitian
<input type="checkbox"/> British Virgin Islander	<input type="checkbox"/> Jamaican
<input type="checkbox"/> Caymanian (Cayman Island)	<input type="checkbox"/> Martiniquais/ Martiniquaise
<input type="checkbox"/> Cuba Dominican	<input type="checkbox"/> Montserratian
<input type="checkbox"/> Puerto Rican	
Caribbean (Write In)	
<input type="text"/>	
Central African	
<input type="checkbox"/> Angolan	<input type="checkbox"/> Congolese (Dem, RC of the Congo)
<input type="checkbox"/> Cameroonian	<input type="checkbox"/> Equatorial Guinean
<input type="checkbox"/> Central African (Cen. African RC)	<input type="checkbox"/> Gabonese
<input type="checkbox"/> Chadian	<input type="checkbox"/> São Toméan
<input type="checkbox"/> Congolese (RC of the Congo)	<input type="checkbox"/> Principe
Central African (Write In)	
<input type="text"/>	
East African	
<input type="checkbox"/> Burundian	<input type="checkbox"/> Reunionese
<input type="checkbox"/> Comoran	<input type="checkbox"/> Rwandan
<input type="checkbox"/> Djiboutian	<input type="checkbox"/> Seychellois
<input type="checkbox"/> Eritrean	<input type="checkbox"/> Seychelloise
<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali
<input type="checkbox"/> Kenyan	<input type="checkbox"/> South Sudanese
<input type="checkbox"/> Malagasy (Madagascar)	<input type="checkbox"/> Sudanese
<input type="checkbox"/> Malawian	<input type="checkbox"/> Ugandan
<input type="checkbox"/> Mauritian (Mauritius)	<input type="checkbox"/> Tanzanian (United RC of Tanzania)
<input type="checkbox"/> Mahoran (Mayotte)	<input type="checkbox"/> Zambian
<input type="checkbox"/> Mozambican	<input type="checkbox"/> Zimbabwean
East African (Write In)	
<input type="text"/>	
West African	
<input type="checkbox"/> Beninese	<input type="checkbox"/> Liberian
<input type="checkbox"/> Bissau-Guinean	<input type="checkbox"/> Malian
<input type="checkbox"/> Burkinabé (Burkina Faso)	<input type="checkbox"/> Mauritanian
<input type="checkbox"/> Cabo Verdean	<input type="checkbox"/> Nigerien (Niger)
<input type="checkbox"/> Ivorian (Cote d'Ivoire)	<input type="checkbox"/> Nigerian (Nigeria)
<input type="checkbox"/> Gambian	<input type="checkbox"/> Saint Helenian
<input type="checkbox"/> Ghanaian	<input type="checkbox"/> Senegalese
<input type="checkbox"/> Togolese	
West African (Write In)	
<input type="text"/>	

Black/ African-American Continued	
South African	
<input type="checkbox"/> Botswanan	<input type="checkbox"/> South African
<input type="checkbox"/> Mosotho (Lesotho)	<input type="checkbox"/> Swazi
<input type="checkbox"/> Namibian	
South African (Write In)	Black (Write In)
<input type="text"/>	<input type="text"/>
Latin American	
<input type="checkbox"/> Argentine	<input type="checkbox"/> Guatemalan
<input type="checkbox"/> Belizean	<input type="checkbox"/> Guyanese
<input type="checkbox"/> Bolivian	<input type="checkbox"/> Honduran
<input type="checkbox"/> Brazilian	<input type="checkbox"/> Mexican
<input type="checkbox"/> Chilean	<input type="checkbox"/> Nicaraguan
<input type="checkbox"/> Colombian	<input type="checkbox"/> Panamanian
<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Paraguayan
<input type="checkbox"/> Ecuadorian	<input type="checkbox"/> Peruvian
<input type="checkbox"/> El Salvadoran	<input type="checkbox"/> So. Georgia/So. Sandwich Islands
<input type="checkbox"/> Falkland Islander	<input type="checkbox"/> Surinamese
<input type="checkbox"/> French Guianese	<input type="checkbox"/> Uruguayan
<input type="checkbox"/> Latin American (Write In)	<input type="checkbox"/> Venezuelan
<input type="text"/>	<input type="text"/>

Native Hawaiian/Other Pacific Islander	
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Palauan
<input type="checkbox"/> Carolinian	<input type="checkbox"/> Papuan
<input type="checkbox"/> Chamorro	<input type="checkbox"/> Pohpeian
<input type="checkbox"/> Chuukese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Fijian	<input type="checkbox"/> Solomon Islander
<input type="checkbox"/> i-Kiribati/Gilbertese	<input type="checkbox"/> Tahitian
<input type="checkbox"/> Kosraean	<input type="checkbox"/> Tokelauan
<input type="checkbox"/> Maori	<input type="checkbox"/> Tongan
<input type="checkbox"/> Marshallese	<input type="checkbox"/> Tuvaluan
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Yapese
<input type="checkbox"/> Ni-Vanuatu	
Native Hawaiian (Write In)	Other Pac. Islander (Write In)
<input type="text"/>	<input type="text"/>

White	
<input type="checkbox"/> White	
Eastern European	
<input type="checkbox"/> Bosnian	<input type="checkbox"/> Romanian
<input type="checkbox"/> Herzegovinian	<input type="checkbox"/> Russian
<input type="checkbox"/> Polish	<input type="checkbox"/> Ukrainian
Middle Eastern and North African	
<input type="checkbox"/> Algerian	<input type="checkbox"/> Israeli
<input type="checkbox"/> Amazigh or Berber	<input type="checkbox"/> Jordanian
<input type="checkbox"/> Arab or Arabic	<input type="checkbox"/> Kurdish Kuwaiti
<input type="checkbox"/> Assyrian	<input type="checkbox"/> Lebanese
<input type="checkbox"/> Bahraini	<input type="checkbox"/> Libyan
<input type="checkbox"/> Bedouin	<input type="checkbox"/> Moroccan
<input type="checkbox"/> Chaldean	<input type="checkbox"/> Omani
<input type="checkbox"/> Copt	<input type="checkbox"/> Palestinian
<input type="checkbox"/> Druze	<input type="checkbox"/> Qatari
<input type="checkbox"/> Egyptian	<input type="checkbox"/> Saudi Arabian
<input type="checkbox"/> Emirati	<input type="checkbox"/> Syrian
<input type="checkbox"/> Iranian	<input type="checkbox"/> Tunisian
<input type="checkbox"/> Iraqi	<input type="checkbox"/> Yemeni
Middle Eastern (Write In)	North African (Write In)
<input type="text"/>	<input type="text"/>



The Home Language Survey is given to *all* students enrolling in Washington schools.

Student Name: _____	Grade: _____	Date: _____
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p>Right to Translation and Interpretation Services</p> <p>All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</p>	
<p>Eligibility for Language Development Support</p> <p>Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language(s) did your child first speak or understand? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes ____ No ____ Don't Know ____</p>	
<p>Prior Education</p> <p>Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12th Grade) ____ Yes ____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12th Grade)</p> <p>_____</p> <p>Month Day Year</p>	

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.



CHIMACUM

SCHOOL DISTRICT



Chimacum Primary School

DEEP ROOTS BROAD HORIZONS

CHIMACUM SCHOOL DISTRICT STUDENT MEDICAL ALERT UPDATE School Year 2024-25

Student Name:

(Last)

(First)

(MI)

Health History: Please complete this form. This information is considered CONFIDENTIAL and will be available to health room staff, your child's teacher(s), building administrators and others as needed to ensure your child's safety and protection at school.

Health Concerns (please list concern/specify dates and add any pertinent details):

Allergies (i.e. Bees, food, medications):

Health conditions (for example asthma, Seizure disorder, physician confirmed migraine headaches, diabetes):

Medications:

Administered at home

Administered at school

(Authorization for Administration of Medication Form is required)

Parent Signature

Date

Nondiscrimination Statement: Chimacum School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination:

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360.302.5823

CHIMACUM
SCHOOL DISTRICT



Chimacum Primary School

DEEP ROOTS BROAD HORIZONS

Dear Families,

Date _____

Cedars (State/Federal) reporting is requiring school districts report on military family status.

Please complete the following information:

Student name: _____ Grade: _____

1. Student/Family has member currently active in the military
2. Current member of Reserves
3. Current member of WA National Guard
4. More than one parent/guardian in the above
5. No parent/guardian is serving

Nondiscrimination Statement: Chimacum School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination:

Civil Rights and Title IX Coordinator: Stephanie McCleary

stephanie_mccleary@csd49.org
PO Box 278, Chimacum, WA 98325-0278
360.302.5894

Section 504/ADA Coordinator: Sarah Walker

sarah_walker@csd49.org
PO Box 278, Chimacum, WA 98325-0278
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School Year: _____

Chimacum School District Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness.

PLEASE COMPLETE AND TURN THIS FORM IN TO THE ADMINISTRATIVE ASSISTANT FOR YOUR SCHOOL BUILDING, THE CHIMACUM SCHOOL DISTRICT OFFICE OR THE SPECIAL SERVICES OFFICE. Thank you.

If you own/rent your own home, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- | | |
|--|---|
| <input type="checkbox"/> In a motel | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Moving from place to place/couch surfing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> In someone else's house or apartment with another family | |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) | |

Is your living arrangement due to the loss of housing or economic hardship? Y / N

Name of Student: _____
First Middle Last

Grade: _____ Birthdate: _____ Age: _____ Gender: _____
Month/Day/Year

Please list all children (Birth through 21) in your care: _____

- ☐ Student is unaccompanied (not living with a parent or legal guardian)
☐ Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent(s)/legal guardian(s): _____
(Or unaccompanied youth)

*Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)

*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Please return completed form to your student's school office, Chimacum District Office or the Special Services Office, Chimacum Schools, 360-302-5885.

District Liaison Signature:

Name _____

Date _____

For School Personnel Only: For data collection purposes and student information system coding

☐ (N) Not Homeless ☐ (A) Shelters ☐ (B) Doubled-Up ☐ (C) Unsheltered ☐ (D) Hotels/Motels

Please check the following services that are needed or desired (not all services are available):

☐ Backpacks for Kids (weekend food bags)

☐ Smile Mobile

☐ Birth certificate

☐ Transportation

☐ Clothing/Uniform/PE shoes (clothing bank)

☐ Vision referral

☐ Enrollment

☐ Other _____

☐ Food Bank

☐ Free meals at school (breakfast/lunch)

☐ Health Clinic (CHS M&W 9-3)

☐ Medicaid/DSHS services – food stamps/TANF

☐ Medical/dental referral – medical coupons

☐ School supplies

☐ Shower needs

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Stephanie McCleary

stephanie.mccleary@csd49.org

PO Box 278, Chimacum, WA 98325

360.302.5894

Section 504/ADA Coordinator:

Sarah Walker

sarah.walker@csd49.org

PO Box 278, Chimacum, WA 98325

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Building services that are needed or desired (not all services are available):

☐ ASB, lab fees, etc.

☐ Immunizations

☐ Birth certificate

☐ Immunization/medical records

☐ College/FAFSA

☐ LEP/Bilingual program

☐ Counseling

☐ Missing enrollment records

☐ Credit Recovery

☐ Music/Fine Arts

☐ Early Childhood program

☐ Preschool enrollment records

☐ Extra-curricular clubs/activities

☐ Special Education

☐ Fees

☐ Sports/Athletics

☐ Gifted/talented

☐ Tutoring

☐ Graduation (On track? Supports? Tutoring?)

☐ Vocational/technical

☐ Other _____

Notes



Chimacum Primary School

DEEP ROOTS BROAD HORIZONS

PHOTO OPT-OUT FORM

Fill out if you **DO NOT** want your child's photograph published

Throughout the school year, the Chimacum Creek Primary School teachers and other staff take photographs of students participating in school activities. These photographs may appear in local newspapers or be used in the School District's newsletter and other publications, or may appear on the Chimacum School District's Website.

If you **DO NOT** want your child's photo to be published in district publications including school yearbook, our Student of the Month Wall, on the website or in local newspapers or television, please fill out the form below and return it to the Chimacum Creek Primary School Office.

Request Not To Publish Child's Photo:

Please list the students name and grade level:

Chimacum Creek Primary School

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Parent's/Guardian's Names: _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Email: _____

Comments/additional information: _____

PARENT/GUARDIAN SIGNATURE

DATE

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CHIMACUM
SCHOOL DISTRICT



Chimacum Primary School

DEEP ROOTS BROAD HORIZONS

CHIMACUM SCHOOL DISTRICT TRANSPORTATION REQUEST

360-302-5811

Do You Want To Ride The Bus?



Student Name _____ School Year _____ Grade _____

Parent/Guardian _____ Contact Phone _____

Parent/Guardian _____ Contact Phone _____

Address _____

Do you need an alternate stop? YES _____ NO _____

Daycare, Grandparent, Second Household, Other. (Drop off with prior arrangements.)

Alternate Contact Person Name _____

Alternate Contact Person Phone _____

Address _____

Alternate pick up and drop off instructions: _____

Students will only be dropped at alternate location on regularly scheduled days. Please communicate daily with your student the drop off location when using alternate stops.

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Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? ☐ Yes ☐ No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name:		First Name:		Middle Initial:		Birthdate (MM/DD/YYYY):	
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.					
X		X					
Parent/Guardian Signature		Date		Parent/Guardian Signature Required if Starting in Conditional Status			
				Date			

▲ Required for School	▲ Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry							
●▲ DTaP (Diphtheria, Tetanus, Pertussis)							
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)							
●▲ DT or Td (Tetanus, Diphtheria)							
●▲ Hepatitis B							
● Hib (<i>Haemophilus influenzae type b</i>)							
●▲ IPV (Polio) (any combination of IPV/OPV)							
●▲ OPV (Polio)							
●▲ MMR (Measles, Mumps, Rubella)							
● PCV/PPSV (Pneumococcal)							
●▲ Varicella (Chickenpox)							
<input type="checkbox"/> History of disease verified by IIS							

Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Documentation of Disease Immunity (Health care provider use only)			
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.			
I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.			
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella	
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)			
▲			
Licensed Health Care Provider Signature			
Date			
▲			
Printed Name			

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____	Signature: _____	Date: _____
If verified by school or child care staff the medical immunization records must be attached to this document.			

To print with the immunization information filled in:

To fill out the form by hand:

- ## Acceptable Medical Records

Conditional Status

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

CHIMACUM SCHOOL DISTRICT

NONDISCRIMINATION AND SEXUAL HARASSMENT

DISCRIMINATION

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You can report discrimination and discriminatory harassment to any school staff member or to the district's Civil Rights Coordinator, listed above. You also have the right to file a complaint (see below). For a copy of your district's nondiscrimination policy and procedure, contact your school or district office or view it online: <http://www.csd49.org/Content2/372>

SEXUAL HARASSMENT

Students and staff are protected against sexual harassment by anyone in any school program or activity, including on the school campus, on the school bus, or off-campus during a school-sponsored activity.

Sexual harassment is unwelcome behavior or communication that is sexual in nature when:

- A student or employee is led to believe that he or she must submit to unwelcome sexual conduct or communications in order to gain something in return, such as a grade, a promotion, a place on a sports team, or any educational or employment decision, or
- The conduct substantially interferes with a student's educational performance, or creates an intimidating or hostile educational or employment environment.

Examples of Sexual Harassment:

- Pressuring a person for sexual favors
- Unwelcome touching of a sexual nature
- Writing graffiti of a sexual nature
- Distributing sexually explicit texts, e-mails, or pictures
- Making sexual jokes, rumors, or suggestive remarks
- Physical violence, including rape and sexual assault

You can report sexual harassment to any school staff member or to the district's Title IX Officer, who is listed above. You also have the right to file a complaint (see below). For a copy of your district's sexual harassment policy and procedure, contact your school or district office, or view it online here: <http://www.csd49.org/Content2/372>

COMPLAINT OPTIONS: DISCRIMINATION AND SEXUAL HARASSMENT

If you believe that you or your child have experienced unlawful discrimination, discriminatory harassment, or sexual harassment at school, you have the right to file a complaint.

[https://csd49-my.sharepoint.com/personal/lee_stampfler_csd49_org/Documents/Desktop/Desktop Files/Registration Forms/Registration Forms 2024-25/Discrimination and SexualHarassment Complaint Procedures.docx](https://csd49-my.sharepoint.com/personal/lee_stampfler_csd49_org/Documents/Desktop/Desktop%20Files/Registration%20Forms/Registration%20Forms%202024-25/Discrimination%20and%20Sexual%20Harassment%20Complaint%20Procedures.docx)

Before filing a complaint, you can discuss your concerns with your child's principal or with the school district's Section 504 Coordinator, Title IX Officer, or Civil Rights Coordinator, who are listed above. This is often the fastest way to revolve your concerns.

Complaint to the School District

Step 1. Write Our Your Complaint

In most cases, complaints must be filed within one year from the date of the incident or conduct that is the subject of the complaint. A complaint must be in writing. Be sure to describe the conduct or incident, explain why you believe discrimination, discriminatory harassment, or sexual harassment has taken place, and describe what actions you believe the district should take to resolve the problem. Send your written complaint—by mail, fax, email, or hand delivery—to the district superintendent or civil rights compliance coordinator. <http://www.csd49.org/harassment-bullying-report>

Step 2: School District Investigates Your Complaint

Once the district receives your written complaint, the coordinator will give you a copy of the complaint procedure and make sure a prompt and thorough investigation takes place. The superintendent or designee will respond to you in writing within 30 calendar days—unless you agree on a different time period. If your complaint involves exceptional circumstances that demand a lengthier investigation, the district will notify you in writing to explain why staff need a time extension and the new date for their written response.

Step 3: School District Responds to Your Complaint

In its written response, the district will include a summary of the results of the investigation, a determination of whether or not the district failed to comply with civil rights laws, notification that you can appeal this determination, and any measures necessary to bring the district into compliance with civil rights laws. Corrective measures will be put into effect within 30 calendar days after this written response—unless you agree to a different time period.

Appeal to the School District

If you disagree with the school district's decision, you may appeal to the school district's board of directors. You must file a notice of appeal in writing to the secretary of the school board within 10 calendar days after you received the school district's response to your complaint. The school board will schedule a hearing within 20 calendar days after they received your appeal, unless you agree on a different timeline. The school board will send you a written decision within 30 calendar days after the district received your notice of appeal. The school board's decision will include information about how to file a complaint with the Office of Superintendent of Public Instruction (OSPI).

Complaint to OSPI

If you do not agree with the school district's appeal decision, state law provides the option to file a formal complaint with the Office of Superintendent of Public Instruction (OSPI). This is a separate complaint process that can take place if one of these two conditions has occurred: (1) you have completed the district's complaint and appeal process, or (2) the district has not followed the complaint and appeal process correctly.

You have 20 calendar days to file a complaint to OSPI from the day you received the decision on your appeal. You can send your written complaint to the Equity and Civil Rights Office at OSPI:

Email: Equity@k12.wa.us | **Fax:** 360-664-2967

Mail or hand deliver: PO Box 47200, 600 Washington St. S.E., Olympia, WA 98504-7200

For more information, visit www.k12.wa.us/Equity/Complaints.aspx, or contact OSPI's Equity and Civil Rights Office at 360-725-6162/TTY: 360-664-3631 or by e-mail at equity@k12.wa.us.

Other Discrimination Complaint Options

Office for Civil Rights, U.S. Department of Education

206-607-1600 | TDD: 1-800-877-8339 | OCR.Seattle@ed.gov | www.ed.gov/ocr

Washington State Human Rights Commission

1-800-233-3247 | TTY: 13-800-300-7525 | www.hum.wa.gov

